mud was about two lines lower than the *original situation* of the water. The following night the mud in the positive tube had sunk so far that the wire was not immersed in it; consequently the electric circle was interrupted. Nevertheless I found the level of the water in the negative tube a quarter of a line higher than before, and the clay in the positive tube was firm on its surface. The positive wire being then depressed so as to restore the continuity of the galvanic circle, the clay of that side gradually became firmer and more dry, while the water rose in the negative tube. At length in two days the latter had attained its highest level, namely, 3½ lines above its original surface, while the clay in the positive tube had become so dry as to crack. In two days more the cracks were larger, but the level of the water in the negative tube was not higher, probably because any further increase it might have received was compensated for by evaporation. That no more than one-third of the water which disappeared from the positive appeared in the negative tube,—is to be explained partly by its having evaporated, partly by its having been diffused and retained in passing through the clay between the tubes."

In addition then to the hitherto known properties of the electric current, it is endowed with the power of impelling fluids in a direction from positively to negatively electrified bodies. This power Dr. R. denominates the *vis electricitatis hydragoga;* he resorts to it to explain some terrestrial phenomena, and also the movement of the blood through the capillary system of animals, and he shows satisfactorily that the action of the heart is completely inadequate to the latter purpose. Dr. R. is of opinion that the arterial system is in a state of positive, and the venous system in a state of negative electricity; the correctness of this theory, however, remains still to be proved by experiment and observation.

PATHOLOGY.

18. *General Induration of the Arterial System.*—A man, aged fifty-six years, entered the Hospital of Toulon for the treatment of an old ulcer of the left leg, which leg was covered with varicose veins. The foot had been amputated at Smyrna, in consequence of a viper-bite, some time previously. He also complained of pain in the *left* foot, the little toe of which was observed to be swelled, cold, and of a bluish colour. This man, who was naturally robust and vigorous, had been worn down by long privations and profound chagrin. His answers and his countenance indicated a deep melancholy; he had little appetite; sleep short and interrupted; pulse large, slow, and irregular; the heart beat over a very large surface. The gangrene extended rapidly, and was considered as the consequence of the disease of the heart, which was quite unequivocal. As mortification destroyed the different parts they were removed. The pain was insupportable; the pulse became slower and slower, and the arteries offered such a degree of resistance to pressure as led to the conviction that they were ossified.

On dissection, the heart attracted great attention. It was extremely enlarged; and there were several white patches on its surface. The left ventricle offered as much resistance to the scalpel as thick and dried parchment. The origin of the aorta, as well as the aortic valves, were completely cartilaginous; and this was the case with the whole of the aorta, the iliac and crural arteries, and their branches. There were several portions of these various arteries *ossified,* besides the whole being cartilaginous. "The arteries of the upper extremities were in a similarly indurated condition."—*Ephemerides de Montpellier,* 1828.

19. *Case of almost complete Obliteration of the Aorta.*—A very interesting case of this description is related in the fourth number of the *Journal Hebdomadaire de Médecine.* A shoemaker, aged ninty-two, was admitted into La Charité, June 19th, 1817. He was of small stature, with a small bald head, and a retiring

forehead. His legs were very much bowed; his intellects, greatly weakened, scarcely permitting him to give any satisfactory account of his previous history. He, however, said that he had suffered from a paralysis of the right arm, and that his mouth had been drawn on one side. At the period of his admission he could use both arms equally well, though his right hand was slightly bent. The temporal arteries beat forcibly; the pulse was hard, frequent, and regular; the skin hot, the tongue hard and dry; but notwithstanding this he demanded food continually. He was at first constipated, and afterwards purged. With respect to the chest nothing particular was observed, excepting that percussion below the right clavicle produced a more obscure sound than on the other side at the same spot. As he continued constantly in the horizontal posture on his back, a gangrenous eschar formed on the sacrum. After a long residence in the hospital, he died without any remarkable symptom. The examination of his body took place twenty-four hours after death. There was slight effusion beneath the arachnoid membrane; and the tissue of the pia mater was infiltrated; these two membranes were readily raised up. The two hemispheres of the brain, particularly that of the left side, presented many traces of previous apoplectic effusions of small extent: the most considerable was found in the substance of the left corpus striatum. The heart was of the ordinary size; the lining membrane of the left ventricle was a little thickened; the sigmoid valves exhibited some points encrusted with osteo-calcareous particles. The aorta, at its origin, was nearly of its ordinary size: it soon gave off the innominata, the calibre of which was much greater than natural. After having given off this branch, the aorta, much diminished, proceeded upwards and to the left, in the direction of the carotid of that side, and then turning at an almost acute angle it descended, presenting a slight enlargement at the point where the arterial ligament united with it. Near this spot the left subclavian was given off, which, very much dilated at its origin, passed almost directly upwards, diminishing sensibly in size, without having furnished any other branch. The aorta immediately afterwards presented a very considerable circular contraction, such as would be produced by a ligature drawn very tight; then resuming its size, it presented a slight enlargement, which was more evident on the left than on the right side. The aorta then continued to descend in the abdominal cavity, where its calibre appeared to be smaller than natural. This difference was more perceptible towards its lower portion, and the external iliacs did not seem to be in proportion to the size of the lower extremities. From the termination of the right subclavian, which was remarkable from the increase of its volume, several arteries of a large size arose; the transverse cervical and the deep cervical, each of them equal to the humeral artery, followed their usual course, and were remarkable for the thickness of their coats, and the great number of their bendings. The first of these arteries, after having arrived, (without diminution,) towards the angle of the fourth and fifth rib, penetrated between their interval, furnished the corresponding anterior and posterior intercostals, passed a short space upon the pleura, and then continuing its course with one of the intercostal arteries, emptied itself into the aorta half an inch below its contracted portion. The deep cervical presented this peculiarity—that running a shorter course, and descending more directly along the posterior and superior part of the back, it divided into three large branches, which, penetrating separately into the chest, between the intervals of the four first ribs, and equally furnishing the corresponding intercostals, arrived at the aorta, into which they emptied themselves by as many large openings. The same disposition was observed on the left side; but, besides, on that side the superior intercostal was remarkable, which, arising from the subclavian, became confounded with the trunk of the second aortic intercostal.

The right and left internal mammary arteries were remarkable from their considerable size: they were larger than the humeral arteries; both of them, after running their usual course, lessening somewhat towards the inferior part of the thorax, again increased sensibly in calibre, and became very tortuous; then continuing their course with the epigastric, and forming with it one trunk exceeding in size that of the external iliac, terminated in the crural artery, which became somewhat enlarged. Before giving rise to the profunda, the crural artery gave off a pretty large branch, which was traced to the external obturator muscle. The right epigastric artery was a little larger than the left. The coats of the aorta were not changed in structure, excepting in a few points, where they were a little thickened. Near to the contracted portion the membranes appeared to be also in a state of integrity: seen from within, the contracted portion was exceedingly regular, and its diameter was that of a crow-quill.

Explanation of the Plate.—Pl. II. *aa.* The heart. *b.* Pulmonary artery. *c.* Arterial canal obliterated. *d.* Aorta at its origin. *e.* Aorta considerably diminished in volume after giving rise to the arteria innominata. *f.* Contraction of the aorta. *gg.* Descending aorta. *hh.* Primitive iliacs. *ii.* External iliacs, their calibre less than natural. *kk.* Crural arteries larger than the iliacs. *l.* and *m.* Arteria innominata and right subclavian. *nn.* Internal mammaries, considerably augmented in size and continuous with the epigastric arteries. *oo.* Epigastric arteries equally enlarged and tortuous. *pp.* Deep cervicals dilated and communicating by free anastomoses with some of the intercostals. *qq.* Intercostal arteries. *rr.* Transverse cervical arteries anastomosing with other intercostals. *ss.* Intercostals communicating with the transverse cervicals. *tt.* Intercostals in their natural state. *u.* Left subclavian increased in size. *vv.* First intercostals anastomosing with the third.

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20. *Account of Dr. Gall's Disease.* By Dr. Robouam—This celebrated man was of middling size: his chest large, and his limbs muscular. His head was voluminous, his forehead high and broad. Possessed of a vigorous constitution, he was enabled to give himself up to assiduous and fatiguing labours, which occasioned but slight derangement of his health at long intervals; for instance, two or three attacks of gout, and some gastro-intestinal affections, &c.

Of late years, his walk was heavy; and, when he ascended the stairs, he experienced difficulty of breathing and palpitation. About eighteen months since, these symptoms became more intense, and obliged him to keep himself in a state of repose, to follow strict regimen, and frequently to lose blood. An attentive examination by M. Dennesi, Rostan, Andral, and myself, enabled us to detect hypertrophy of the heart, with dilatation especially of the left ventricle. After some months, M. Gall was enabled to resume his habitual occupations. In November he commenced his lectures at the Atheneum, which he continued without interruption to the third of April last, when, on returning home, he experienced symptoms of cerebral congestion. On the 20th, the left side of the face was contracted, with debility of the extremities of the right side.

The symptoms continued unabated during the month of May. The administration of purgatives occasioned prolapsus of the rectum and hemorrhoidal tumours, with slight exudation of blood. The spine and weakened limbs were rubbed with the balsam 'Nervins.' The third friction produced an attack of gout in the hand and foot, which yielded, at the end of several days, without amelioration of the other symptoms. The employment of a dozen 'douches' produced no benefit.

M. Gall then, by the advice of M. Fouquier, and several other physicians, saw Dr. Sarlandière, who electrified him eighteen times, and three or four times acupunctured the epigastric region, because the functions of the stomach had latterly become impaired; all was ineffectual; and, it being thought adviseable to try country air, he was removed to his house at Montrouge.

In addition to the other symptoms, nausea and want of appetite supervened. On the 13th of July he took an emetic, which produced several vomitings, and two stools, with some relief. On the following day, a few spoonfuls of wine were administered with the view of reviving the action of the stomach. The left foot was now attacked with gout. The tongue was red and dry, and the stomach rejected food.

About this period, Drs. Broussais, Koreff, Dennesi, and Roboüam met in consultation, and were of opinion that the brain was affected, coupled with hypertrophy of the heart and gastro enteritis. The latter affection excited particular attention. Mucilaginous drinks, ice triturated with sugar, nutritious and sedative clysters, frictions with a sedative liniment on the epigastric region, and even little moxas were had recourse to. M. Broussais entertained the most unfavourable prognostic, founded on the wasting of the patient, and the bad state of the digestive organs.

It ought not to be omitted that, during the whole course of the disease, no marks of febrile action were perceived; but M. Dennesi had observed, that the symptoms exacerbated in the afternoon.

On the 6th of August the uneasiness of the patient was more evident. About two o'clock he was chilly, the skin became pale, the pulse varied, but no reaction. The stomach remained in the same state, the mucilaginous drinks passing with difficulty.

Moxas were ordered to be applied at seven o'clock in the evening; but at two, he had a violent shivering which lasted an hour, and was followed by an instant of reaction; the pulse increased to 85; many shirts were wetted by perspiration. He now insisted on taking the sulphate of quinine;—six grains were administered in a clyster, and fourteen given by the mouth, in the course of the twenty-four hours.

The intellect was good, the face natural, the tongue dry and red, the lungs performed their functions, no intermittence was perceived in the pulse. The belly free from tension, swelling, or pain. Chicken broth and gum water passed no longer with difficulty, which had occasionally occurred.

The 8th, 9th, 10th, 11th, and 12th, the pulse was never below 84, nor above 92. The exacerbations after dinner were not remarkable. Twenty-four grains of sulphate of quinine were administered in twenty-four hours. About a pint of chicken broth or gum water was taken daily, and digested without difficulty; latterly, we remarked that the colour in the face increased; the eyes began to have a wandering appearance, the ideas became incoherent; in a word, the breaking up of the faculties had commenced.

The early part of the night from 12 to 13 was tranquil: the latter greatly agitated. There was an excitement in the brain which was combated by sinapisms to the legs, and a clyster of musk, camphor, and sulphate of quinine.

On the 13th, drowsiness; he was visited by his intimate friends; he neither testified pleasure, nor spoke to them. The functions of the brain were evidently more impaired. The face red. Eyes still more wandering, and open. The limbs were supple, and free from spasmodic twitches.

Twelve grains of sulphate of quinine were given in the course of the day. Bilious matter has been vomited for some days past.

14.—All exciting medicines were withdrawn; the use of "adoucessants" was resumed, with warm cataplasms and sinapisms to the extremities, and clysters of farinaceous materials. The symptoms nevertheless continued to increase from the 16th. The patient was in a profound calm, and with few signs of sensibility.

21.—About eleven o'clock in the evening, the circulation became quick and irregular; the respiration laborious. In which state of agony he continued until the following evening, when the scene was closed in death.

Dissection.—*Head* large and heavy; the cranium twice the ordinary thickness; strong marks of the meningeal artery on its inner surface; infiltration of serum in the pia mater; arachnoid raised throughout the whole extent of the hemispheres. Four or five ounces of serosity at the base of the cranium. The brain was not cut, being intended to be preserved in spirits of wine entire. It weighed two pounds ten ounces and a quarter. The right lobe of the cerebellum was larger than the left. At the upper part and right side of the falx cerebelli, a small fibro-cellular tumour exists in the substance of the brain, about the size of a nut, pedicled and osseous in the centre. The vessels of the brain are generally gorged with blood. The softness of the brain, supposed to exist during life, by the attending physicians, could not be ascertained, as it was not cut into. This state was supposed to occasion the debility of the right extremities, which is the more probable, as the serous effusion evidently took place at the close of life.

Chest.—The lungs were sound, and without adhesion to the pleura. Heart one-third smaller than usual; soft, and containing a moderate quantity of blood, half liquid and half coagulated. Its cavities were larger than usual, and its walls thick, especially those of the left ventricle. In the arterial valves, osseous points are felt. The transverse arch of the aorta is evidently dilated. The internal membrane of the arteries is red, and this redness is remarked even as far as the femoral and branchial.

Abdomen.—The stomach was large, and its parietes thickened; its mucous membrane red, thick, and softened. It was also eroded in many points; its vessels distended with blood. The mucous membrane of the duodenum, jejunum, a portion of the ilium, right colon, and its transverse arch, were red, thickened, and softened. The glandulæ Peyeri turgid. No ulceration was found. The gall-bladder is divided in two by a hard and thick fibro-cellular intersection, and which interrupts all communication between the two cavities. One is large, and of a brilliant whiteness; the other possesses the ordinary appearance of the gall-bladder. The first contained puriform matter, and many calculi; the other bile, with calculi. The liver was healthy.—*Annales de la Médecine Physiologique, Sept.* 1828.

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21. *Hypertrophy of the Brain.*—"Hypertrophy of the brain has been latterly considered a primary disease of this organ; yet it has been, up to the present period, but vaguely described: and, indeed, the structural anomalies and pathognomonic signs of this disorder are not to be understood nor explained without an attentive study of some well defined cases. M. DANCE has for this purpose adduced several very interesting ones; but he is properly careful to inform us, that he does not apply the term hypertrophy to an augmentation of the brain resulting either from inflammation of its substance, from serous or sanguine congestion there, or from effusion into its cavities. For the afflux and stagnation of the fluids may increase the apparent dimensions of this viscus, but are not incorporated or identified with its substance, whilst real hypertrophy, he maintains, essentially consists in an unnatural augmentation, either as to bulk or number, of the constituent molecules peculiar to each organ. Now the brain is liable to this excess of nutrition, and ultimately to acquire a volume disproportionate to the capacity of its osseous receptacle.

"M. Dance details four cases, which are quite sufficient to prove the existence of this disease; but they are not numerous enough to furnish a complete history of this remarkable change of structure, though they tend considerably to improve our acquaintance with several of its distinguishing peculiarities. The following conclusions may be deduced from his cases.

"1. Preternaturally increased nutrition of the brain is characterised by the flatness and approximation of its convolutions, the coarctation of its ventricles, and the unusual whiteness and firmness of these parts, and by a singular dryness of its parenchyma and of the arachnoid cavity, whilst the general texture of this viscus evinces no sensible alteration.

"2. Hypertrophy has been repeatedly observed to predominate throughout the whole of the cerebrum; but never in the cerebellum.

"3. Hypertrophy is so far from increasing the action and energy of the brain, that it decidedly tends to diminish, deteriorate, and suspend them; and these effects are no doubt owing to the continual pressure which the contents of the cranium are necessarily compelled to suffer, to a greater or less degree, in every instance of this ailment.

"4. As the symptoms of hypertrophy have varied in different individuals, we are not yet prepared to define it with precision and correctness. However, this affection would seem to be developed very gradually, and under the influence of extremely occult cases.

"The adult age may be considered a predisposing cause, (since, in all the four cases alluded to, the patients were between twenty and thirty years old;) and, as occasional ones, contusions of the head, (Case 1st,) and frequent determinations of blood to that part, (Case 4th.) But though every one of these causes seem to be of an inflammatory kind, yet this affection appears to arise essentially from excess of nutrition. For, if we admit that inflammation is the cause, we must also admit that this identical inflammation has simultaneously invaded all the textures of the brain, and affected them all in the same manner and to the same degree, notwithstanding the different functions they perform, and their ultimate peculiarities of structure. But inflammation does not usually proceed in this manner. In a single organ, and especially in one so complicated as the brain, inflammation often produces at the same time, congestion, ramollissement, suppuration, and induration. These considerations would induce the belief that hypertrophy is the effect of morbid nutrition: and if so, it is not difficult to conceive that the brain, submitted to an uniform stimulus of nutrition, must become eventually more dense in a similar uniform ratio."—*Lond. Med. and Phys. Journ. Dec.* 1828, *from Repert. d'Anat.*

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22. *Case of Psoas Abscess, pointing on the Anterior part of the Dorsum Ilii.*—"A young and strumous looking woman was long in St. George's Hospital, under the following circumstances. Between the great trochanter and anterior spines of the ilium, in fact at the anterior edge of the dorsum of that bone, was a middling sized tumour, which fluctuated and presented all the characters of abscess, accompanied with hectic and other constitutional symptoms. Mr. Jeffreys, whose patient she was, pronounced the disease to be psoas abscess, though perfectly unable to explain the rationale of its pointing where it did. Latterly, symptoms of phthisis pulmonalis were developed: the young woman fell to the charge of the physicians and died. The swelling, we should mention, was never punctured, and never burst.

"On dissection, the lungs were found greatly diseased, and presented abundance of tubercles and vomicæ. The local appearances, however, were those which naturally attracted most attention. The body of the last lumbar vertebra was generally unsound, and partly destroyed on its left side by caries; the inter-vertebral substance between it and the fourth lumbar vertebra was gone. From this point you could trace the bed of an abscess in the substance of the psoas, just above, or more correctly anterior to, the level of the lumbar nerves, down to within two inches of the ligament of Poupart. Here the abscess had, as it were, bifurcated, forming for itself two paths—one in the remainder of the course of the psoas, the other diverging to the outside of the thigh, where the swelling had appeared during life. Let us first pursue the latter. Leaving the psoas at the point above mentioned, the channel of the abscess traversed obliquely the substance of the iliacus internus, crossed beneath Poupart's ligament close to its iliac attachment, held on its way beneath the rectus at its origin, and finally ended at its outer side. The anterior crural nerve naturally lies rather deep between the iliacus and psoas muscles. The abscess, however, taking very nearly this direction, the nerve had it some degree avoided it, by describing the segment of a large circle, and moving much nearer the crest of the ilium. Besides this mal-position, it was matted to the neighbouring parts; notwithstanding all which the patient had complained of no unusual pain during life.

"The other division of the abscess accompanied the psoas, betwixt it and the margin of the acetabulum, as deep as the trochanter minor. Here it formed a cavity nearly the size of an egg, situated, however, at too great a depth to admit of its detection during life, or even to be felt from without after death.

"Thus, then, this case was a compound of common "psoas abscess," following, perhaps more deeply than usual, the course of the muscle, and another variety taking this new, and, as far as we know, undescribed direction. The dissection is important, as explaining the quomodo here and assisting diagnosis hereafter."—*London Medical Gazette.*

23. *Case of Suppuration of the Spleen.* By Dr. GLIONNA.—The tissue of the spleen does not appear to be very prone to suppuration. This organ is often discovered, on post mortem examinations, in a state of disease, but its diseases are not often attended with the formation of pus. Dr. Glionna relates a case in the *Osservitore Med. di Napoli* for July, which he considered to be an extensive abscess of the spleen, and which he evacuated by means of a trocar. The result was favourable. The following is the substance of the case:—Dominique Rotunno, aged twenty-nine years, was affected for a long period with obstruction of the spleen, consequent to intermittent fever. An excess of food and of exercise rendered the tumour larger and more painful; and Dr. Glionna discovered at the same time, well characterised splenitis. In spite of bleeding, of the application of great numbers of leeches, of purgatives, and tartarized antimony, the disease gained ground; the tension of the hypochondrium and the pain increased, accompanied with paroxysms of shivering, followed by heat and nocturnal perspiration. The spleen then lost its former hardness; it increased in volume, and became soft at its inferior part. Having found that the inflammation had passed into the state of suppuration, Dr. Glionna now applied emollient cataplasms to the side, and at the expiration of six days, the fluctuation was such as to induce him to propose puncturing the tumour, which was done by means of a trocar, at the distance of about four inches from the linea alba. There immediately issued from the abscess about three pounds of thick, very fetid pus, of a pale white colour at first, and then of a reddish tint. The patient was instantly relieved. The wound was kept open for some days; but by the eighth day it had closed, and the patient, re-established in health, soon acquired flesh and strength.—*Lond. Med. and Surg. Journ. Jan.* 1829.

24. *Bone found in the Heart.*—Dr. BARBIER, of Amiens, presented to the Royal Academy of Medicine, a very slender osseous body, an inch and a half long, and pointed at its two extremities, which he had extracted after death, from the right ventricle of the heart of a man sixty-two years of age. This bone had pierced the ventricle in three places, and had commenced to pierce it in three others. The heart had probably pierced itself in its contractions, as the bone was situated transversely in the ventricle.—*Archives Générales, Dec.* 1828.

25. *Case of Perforation of the Duodenum.* By M. ROBERT.—Louis Laurin, aged seventeen, complained for several months of obscure pain in the epigastrium. For the last six weeks there was, in addition to this, diarrhœa, and for the last ten days, loss of appetite, nausea, and general illness. The 10th of December, 1827, three hours after his repast, which had been more copious than usual, he was suddenly seized with a severe pain, which, commencing at the region of the stomach, soon extended over all the abdomen; he vomited what he had eaten, after which, coloured mucosity and bile were ejected. He was taken on the morrow to the Hôtel Dieu; the face was pale and altered; the skin covered with cold perspiration; the pulse frequent and small; the abdomen tense and very painful; the tongue pale and moist; and he had some bilious vomitings. *Forty leeches to the abdomen;* emollient fomentations. He expired at four o'clock the following morning.

Sectio Cadaveris.—The abdominal cavity was filled with gas and a quantity of reddish, very fœtid, serous fluid; the peritoneum had lost its natural aspect; it presented in diverse points a red colour, running in striæ or in patches; the intestinal convolutions were slightly agglutinated together; the peritoneum was generally little adherent to the abdominal muscles, from which it was easily detached. The mucous membrane of the stomach appeared healthy. At the origin of the duodenum, close to the pylorus, was found an oval ulceration, from three to four lines in diameter, with round, smooth edges of a grayish colour; the bottom of this ulcer consisted only of the peritoneum, which was of a yellow colour, and presented a perforation of about a line in diameter; which perforation formed a free communication between the cavity of the intestine, and that of the peritoneum. Near this ulcer was found another of a similar size, but not so deep, which penetrated the mucous membrane only. The rest of the intestinal tube was perfectly healthy.—*Journal Universel, Août,* 1828.

26. *Dysentery.*—Dr. Christison has published in the *Edinburgh Medical and Surgical Journal,* for January last, a very interesting notice of an epidemic dysentery which has lately prevailed in the Edinburgh Infirmary. "The appearances found on dissection were the various stages in the effects of inflammation on the mucous membrane of the rectum, colon, and sometimes too of the lower part of the ileum. In the acute cases, which terminated fatally so early as the tenth or eleventh day, the most extensive derangements of structure were remarked; in the more lingering cases, which after the first eight or ten days assumed the external characters of chronic diarrhœa, and proved fatal in four, six, or eight weeks, the disorganization was in general less extensive. The appearances observed were redness of the inner membrane, thickly scattered ulcerations, most abundant over the longitudinal bands of the colon, commonly occupying and destroying the rugæ, seldom penetrating beyond the inner surface of the muscular coat, frequently stripping that membrane of large patches of its mucous coat, frequently also covered by shreds of lymph, and sometimes by red, spongy, fungoid granulations. Even in the most acute cases, although no scybala had been discharged during life, the colon was found empty of feces. The other organs in the belly were not affected; and in particular the liver, which has been supposed by some tropical practitioners to play an important part in the parallel dysentery of hot climates, did not in a single instance deviate from its healthy condition."

27. *On a Disease of the Stomach, which produces a well defined perforation of its tunics, without softening of their surrounding structure.* We noticed in our last number p. 452, some very interesting cases of this description related by Dr. Ebermaier, in the *Journal Complementaire,* for July last. Two or three more cases of the same description are given by Dr. E. which we shall omit, as also the opinions of several physicians cited by him, and proceed to lay before our readers the views of Dr. E. on this subject. He is of opinion that the cases he has related prove the existence of some common morbific cause, which could produce so striking an uniformity in the appearances seen upon dissection. He observes—1. That in every case the disease was extremely slow, being gradually developed in the course of several years. 2. In no instance was the nature of the malady suspected by the physicians. The symptoms were so obscure in some instances, that an affection of the stomach was never thought of. The derangements of the digestive functions were considered to be sympathetic. The fatal termination of the disease was never anticipated. Death sometimes occurred unexpectedly, almost in the midst of apparent health. 3. The disease continued uninterruptedly, without any perfect intervals, as is frequently the case in true nervous cardialgia, although occasionally in so slight a degree that the patient considered himself in health. Severe pain did not usually occur until the last days of the patient's existence, and not always even at that time. The previous pains were slight, limited to a dull sensation of pressure in the precordial region, and to slight spasms. 4. Cachexy never followed this long train of symptoms. Although vomiting frequently occurred, the strength of the patient did not appear diminished, nor did his external appearance indicate the existence of disease. Emaciation occurred only in the case related by Rauch, and that was an example of a complicated malady. In every other no hectic fever was observed, and death was neither the result of

exhaustion of the vital powers nor want of nutrition: it was sudden, and caused by the extravasation of the contents of the stomach, without which the patient might have continued to live. 5. The perforations were always found in the pyloric region, or near it. 6. The most attentive examination could not in any case detect the least vestige of inflammation or suppuration of the other parts of the stomach. The tunics of that organ were perfectly healthy, except in the spot perforated, and rather pale than red. 7. The appearance of the perforation was always the same. Approaching a perfectly round form, and almost always of considerable extent, it penetrated uniformly all the coats of the stomach, so that the portion removed appeared to have been taken away in a very regular manner. The surrounding parts were never softened, nor the edges thinned. There was generally perceived around the opening a tumefied induration, but not tuberculous nor cartilaginous. It was regular, and lost insensibly in the healthy parts.

Dr. E. considers the cases he has related particularly interesting, and calculated to throw some light upon the true nature of these perforations, on account of the adventitious and thickened tissue which surrounded the apertures. It follows that the rupture could not have arisen from the thinness or local weakness of the part, but that it depended upon a regular and unifom process, continuing without interruption from the commencement of the disease.

It may then be concluded, that these regular perforations of the stomach are never the accidental or mechanical result of spasm. That the disease does not consist in scirrhus or cancer of the stomach. That it is not the termination of an ordinary chronic inflammation. Lastly, that it does not result from "ramollissement" of the parietes of the stomach.

28. *Singular case of Insanity caused directly by a fall on the head.*—" A teacher of gymnastics fell from the top of a steep high stair head foremost, and pitched upon his head on a stone floor, where he lay for a few minutes stunned. Next day his physician, Dr. Hausbrand, found him a-bed, in full possession of his senses, and complaining only of a pain in the head, on which no farther injury could be detected except a few superficial excoriations. He had passed a good night, the pulse and respiration were natural, and the functions of the brain were quite unaffected. This prosperous state continued two nights and a day, when matters suddenly took a different turn, without any fresh cause, and in the course of an hour he lost his reason so completely, that he spoke unintelligibly, got out of bed, insisted on leaving the house, stared right before him, would not answer questions, and did every thing confusedly and hurriedly. It was impossible to fix his attention on any thing, or rather he was constantly as it were absent in mind. Bloody serum at the same time issued from the right ear. In twenty-four hours more he became speechless, at least could not articulate, but from time to time uttered involuntary and unintelligible cries, and in reply to frequently repeated questions answered *yes*, without any regard to its meaning. The tongue appeared to have lost its voluntary movements. Being placed in the warm bath, he at first evidently relished it; but on a bucket of cold water being dashed over his head, he screamed out and sprang from the bath, nor could any entreaty subsequently persuade him to enter it again; nay, whenever it was talked of, although in every other particular he was completely unconscious of what went on around him, he became greatly alarmed, and calling out no! no! endeavoured to make his escape. For three days this singular state continued, during which time he never expressed a want, though he ate and drank when food or drink was placed before him, and went to stool when he was placed on the night-chair. He had no sign of bodily illness; but nevertheless his expression of countenance was that of an idiot. At night he slept well and composedly; in the day time he lay passive in bed like one in the deepest brown study. He allowed himself to be undressed without resistance, yet without giving any aid; or to be led up and down the room, but seemed to be perfectly a passive machine, and to have no will of his own what-

ever. Leeches, cold cloths, and blisters were applied without any advantage. After this state had lasted three days, a fit of epilepsy suddenly took place, for which he was bled without any relief; and the fits recurred frequently for three days. Still his stupid moodiness continued. At the end of that period, tartar emetic was ordered on account of some gastric symptoms; and after the operation of this remedy the epileptic fits became much milder. Next day, after the operation of another emetic, they ceased entirely, and the patient for the first time attended to what was going on around him, attempted to speak, and dressed himself. The emetic system was continued an entire fortnight, so as to excite vomiting three or four times a-day; and during this period he recovered entirely, but with the following singular phenomena.

When he first tried to speak, although he evidently had an accurate conception of what he wished to say, he could not find the correct expression, or even a single proper word; but when any one spoke the sentence articulately to him, he repeated it, and with evident satisfaction. He had exactly the appearance of a person who struggled to make himself understood in a foreign language which he spoke but imperfectly. In fact he had lost, not the power of speech, but the knowledge of language; and, what was very remarkable, the languages which he formerly spoke most fluently he had now forgot most completely. A Pole by birth, he spoke Polish most fluently before, and had been in the daily practice of conversing with his countrymen in that tongue; but now he understood much better his German friends than his Polish countrymen. Much less could he speak Polish, while nevertheless he spoke a little German, though not without help. With the Latin tongue he seemed still better acquainted; that is, he had not forgotten it so entirely. With Greek it was different; he had forgotten it as completely as the Polish. He could read Latin or Greek authors with whose works he was formerly acquainted; but he could not translate Greek at all, or Latin without assistance. Every day, however, his command of language increased rapidly; so that passages in Latin and Greek, which were unintelligible one day, he could easily translate the next. His former facility in understanding various languages returned in the following order. First, he recovered his command of German, then he regained his knowledge of Latin, next that of Greek; and in the last place he recovered his command of Polish. It was also remarkable, that in no other respect was any weakness of memory observed, or diminution of judgment, or of any other faculty of the mind. The discharge from the ear bore no relation to its progress; for both when his illness was at its height, and during convalescence, it occasionally ceased for twenty-four hours without any injurious effect. It is added in the narrative, that for some years before, this man was of a gloomy disposition of mind, had a timid look and yellow complexion, and often thought himself sick, but that now his expression is clear, and his temper of mind cheerful.—*Edinburgh Med. and Surg. Journal, January*, 1829, *from Rust's Magazin*, 1828.

29. *Case of Disease of the Bladder, terminating in perforation and fatal extravasation of its contents.* By M. Thevissen.—In our last number, p. 453, we gave some cases in which a well defined perforation occurred in the stomach, without disease of the neighbouring part. M. Thevissen has communicated to Dr. Ebermaier a case of similar affection of the urinary bladder.—An unmarried woman, thirty-three years of age, whose health had never been disturbed by any serious illness, suddenly complained of very severe pain in the lower part of the belly. No cause could be assigned for the attack. She imagined it was possible that her attack might be dependent upon suppression of the menses, which had existed for four months. The lower belly was highly sensible to the slightest pressure. Thirst excessive. Extremities covered with sweat, and cold as marble. Countenance anxious, and with a yellowish tinge. Pulse small and quick. Abdominal inflammation was suspected, and a severe antiphlogistic treatment was instituted without any benefit. The pains increased in severity. Frequent vomitings of a dark brown substance. The patient gradually

sunk, and died the night after she was attacked. She had had no motion, nor passed any urine, during her short but severe illness.

Dissection.—A considerable quantity of fluid escaped from the abdomen, of an urinous smell. There was no trace of gangrene nor of inflammation. All the viscera were healthy. The uterus contained a four month's fœtus. On the posterior side of the bladder, about the middle of its longitudinal diameter, a circular perforation was found, about two lines in diameter. The edges of this opening were neither gangrenous, inflamed, nor hard; they were as smooth as if a portion had been removed by a punch. In every other part the bladder was perfectly healthy.—*Lond. Med. and Phys. Journ. from the Journ. Complementaire, July,* 1828.

30. *Case of Paralysis of the Right Side, with Affection of the same Side of the Brain.* By Dr. Leuret.—But few cases have been recorded in which a paralysis of one side of the body has depended upon a disease of the brain of the same side, and even the possibility of the fact has been doubted. Dr. Leuret relates, in the *Journal des Progrès, Vol. XI.* a very interesting case of this description. A man, aged sixty-six, of a sanguineous temperament, was attacked, January 26th, 1828, with paralysis of the right side, with difficulty of speaking. On the 8th of February he entered the Hospital of St. Charles, at Nantz, at which period he presented the following symptoms: mouth half open and drawn to the left side, tongue inclined to the right side, speech slow and difficult, almost complete immobility and insensibility of the right arm; pulse tense and very irregular, respiration abdominal. He died on the 13th of February, and on examination, the cranium and dura mater were found healthy; the arachnoid was opaque on the right hemisphere of the brain, and slightly so on the left; yellowish softening near the right optic thalamus, and the corpus striatum of the same side presented a softened and grayish spot.

31. *Cartilaginous Degeneration of the Stomach.*—Dr. Dieffenbach relates in *Rust's Magazin, t. xxvi.* the case of a woman who had for twelve years a moveable, round tumour in the abdomen, which many physicians had pronounced to be a scirrhus ovary. This woman was never affected with nausea, vomiting, or any of the signs usually attendant on scirrhus of the stomach. On examination after death it was found that the tumour was formed by the stomach itself, which had become cartilaginous, and at its anterior part an inch thick: at the posterior part of this viscus only there was a small membranous portion of less thickness. The cartilaginous parietes of the stomach could not exercise any movement or trituration whatever, whence it would result that the movement of this organ is not necessary for the comminution of the food. This specimen of pathological anatomy, so interesting for the physiology of digestion, is preserved in the Royal Museum at Berlin.

MATERIA MEDICA.

32. *Laxative of Senna and Prunes.*—"Of the many different methods of preparing this old-fashioned, but excellent domestic aperient, perhaps the following will be found to be the most pleasant and effective. Take of senna leaves half an ounce; supertartrate of potass, half a drachm; water half a pint; boil gently for ten minutes, and strain. To the liquor, put half an ounce of sugar, and half a pound of French plumbs; let them simmer until the liquor be nearly absorbed by the plumbs.

"This old form has the advantage of being easily carried in the memory—half a pint of water, half an ounce of senna, half an ounce of sugar, half a drachm of cream of tartar, half a pound of plumbs."—*Lond. Med. and Surg. Journ. Jan.* 1829.